STATEMENT OF

RECEIVED 7

FORM 1		ORG	ANIZA	ATIOI	1			JUN 27 Gmed Andio		
1. NAME OF COMMITTEE (in	n full)	(Check is chan	if name ged)	Example over the	e:If typing, ty e lines.	^{/pe} 121	FE4M5	0	······································	- K
Committe	e to E	lect Lea	ah Lax	(<u> </u>			111		
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ADDRESS (number a	nd street)	350 Ma	arket S	Street		<u> </u>	1.1.1			لب
(Check if address is changed)		Highsp	ire			P	A (17034	- -	لب
			(CITY		STAT	Έ	ZIP	CODE	
COMMITTEE'S E-MA	address	SS (Please provid LeahL	le only one e- ax1,95		ss) Imail.(Com .				
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)								
(Check if is change		<u> </u>								
2. DATE 06	5 ′ 17	°′ 20 ′13	, *							
3. FEC IDENTIFIC	CATION NU	IMBER	c 0 4	19919	94					
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED	(A)				
I certify that I have	examined th	is Statement and	to the best	of my kno	wledge and	belief it is true	, correct	and complet	e.	
Type or Print Name	of Treasure	Marc I	Miller					-		
Signature of Treasure	er <u>/</u>	Tase M	COL_			Date	0 6	<u> </u>	′ ž o	ў 3
NOTE: Submission of		ous, or in cert ipleto			•			the penalties	of 2 U.S.C	. §437g.
Office Use				Fed	r further Information Coloral Election Colorad Free 800-424-				FORM 1 02/2009)	

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FEC Form 1 (Revised	· · · · · · · · · · · · · · · · · · ·	Page 3							
Write or Type Committee Name Committee to Elect Leah Lax									
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor							
Mailing Address									
	CITY STATE	ZIP CODE							
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor							
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in po	ossession of committee							
Full Name Marc	Miller								
Mailing Address	350 Market Street								
	<u> </u>								
	Highspire Pa 170	34 -							
Title or Position	CITY STATE	ZIP CODE							
Tireasurer	Telephone number [717] - [7	⁷ 82 _. - 1403							
3. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of							
Full Name of Treasurer	c Miller								
Mailing Address	350 Market Street								
	Highspire Pa 1700	34 - - - - - - - - - - - - -							
Title or Position	CITY STATE	ZIP CODE							
Tirigasimrier		82 _{, -} 1403 ,							

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CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Marc Miller

Full Name of Designated

(3/2005)

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